



Banwell
Urban District Council.

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
FOR
1923.

West Ealing:
FRANCIS A. PERRY, PRINTER, 4, KIRCHEN ROAD.

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Public Health Committee.

Councillor Mrs. E. S. TAYLOR (*Chairman*).

Councillors G. F. BOUGHEY, Mrs. B. A. DENNIS,
J. J. LYNCH, J.P., H. R. MARSHALL, W. PYWELL, J.P.,
J. SMITH and J. STYLES.

Maternity and Child Welfare Committee.

Councillor W. PYWELL, J.P. (*Chairman*),

Councillors T. BURCHILL, Mrs. B. A. DENNIS, J. SMITH,
J. STYLES, Mrs. E. S. TAYLOR, Mrs. EGGLETON,
Mrs. HARDING and Mrs. LUDLOW.

PUBLIC HEALTH DEPARTMENT.

Staff.

Medical Officer of Health—

THOMAS ORR, M.D., D.Sc.,
Of the Middle Temple, Barrister-at-Law.

Sanitary Inspector—

C. P. H. MEADOWS, Sanitary Inspector's Certificate
of the Royal Sanitary Institute, Certified Inspector
of Meat and other Foods.

Health Visitor—

KATHERINE E. WILLIAMS.

Clerk—

CHRISTOPHER H. WEATHERINGTON.

Medical Officer, Welfare Centre and Day Nursery—

JAMES A. DAVIDSON, M.D., Ch.B.

Ante-Natal Consultant—

JOHN W. BELL, L.R.C.P.I. and L.M., L.R.C.S.I. and
L.M.

Matron, Day Nursery—

ALICE M. EXON, Trained Nurse.

SUMMARY OF GENERAL STATISTICS, 1923.

Population (Estimated 1923)	20,850
Population (Census, 1921)	20,481
Population (Census, 1911)	19,129
Area of District in Acres	1,066
Number of Structurally Separate Dwellings (1921)	3,797
Rateable Value	£97,906
Net Produce of a Penny Rate	£360

SUMMARY OF VITAL STATISTICS, 1923.

Births :

Legitimate Males, 168 ; Females, 151 ; Total, 319

Illegitimate Males, 5 ; Females, 2 ; Total 7

326

Birth Rate 15.6

Deaths : Males, 86 ; Females, 106 Total ... 192

Death Rate 9.2

Deaths of Infants under 1 year :

Legitimate Males, 11 ; Females, 7 ; Total, 18 }
 Illegitimate Males, 2 ; Females, — ; Total, 2 } 20

Infant Death Rate per 1,000 Births :

Legitimate, 56 ; Illegitimate, 285 ; Total ... 61

	Total Deaths	Death-rate per 1000
Measles	1	0.04
Whooping Cough	1	0.04
Diarrhoea (under 2 years of age) ...	4	12.2
Diphtheria	15	0.71
Scarlet Fever	—	—
Influenza	4	0.19
Tuberculosis of Lung	11	0.52
Other Forms of Tuberculosis	4	0.19
All Forms of Tuberculosis	15	0.71

**Comparison of Vital Statistics of Hanwell with those
of England and Wales, etc., 1923.**

		England and Wales	London	Hanwell
Birth Rate ... ..	...	19.7	20.2	15.5
Death Rate ... ..	...	11.6	11.2	9.2
Infant Death Rate ... ..	...	69.0	60.0	61.0
Measles Death Rate ... ..	...	0.14	0.08	0.04
Whooping Cough Death Rate...	...	0.10	0.09	0.04
Diarrhoea (under 2 years) Death Rate ... ..	...	7.7	10.2	12.2
Diphtheria Death Rate ... ..	...	0.07	0.13	0.71
Scarlet Fever Death Rate ... ..	...	0.03	0.02	0.00
Influenza Death Rate ... ..	...	0.22	0.17	0.19

VITAL STATISTICS.

The *Population* at the Census of 1921 was 20,481, and was distributed in the Wards as follows :—

TABLE I.

Ward :	Separate dwellings occupied	Population			Persons per acre
		Males	Females	Total	
No. 1 (East Central)	1,067	2,759	3,132	5,891	39.0
No. 2 (North)	940	2,323	2,775	5,098	8.2
No. 3 (South)	791	1,906	2,159	4,065	20.2
No. 4 (West Central)...	999	2,613	2,814	5,427	57.7
Total	3,797	9,601	10,880	20,481	19.2

The following Census figures indicate the increase in the Population of Hanwell during successive decades :—

Census, 1891	...	...	6,139
Census, 1901	...	...	10,438
Census, 1911	...	...	19,129
Census, 1921	...	...	20,481

The area of the District is 1,066 acres, and the density of the population, or number of persons per acre is 19.2. The West Central Ward is the most densely populated with 57.7 persons per acre, and the North the least, with 8.2 per acre.

It is estimated by the Registrar-General that the population for 1923 is 20,850.

The Birth Rate shows a decrease on the previous year, being 15.6, compared with 17.3 for 1922. Compared with pre-war years the decrease is marked, as shown in Table II.

The Death Rate is less than in 1922. It is lower than the rate for England and Wales, which is 11.6, and lower than the rate for London, which is 11.2.

The Infant Death Rate shows a decided decrease on the previous two years, being 61 per 1,000 births compared with 83 in 1922 and 1923, but is higher than for the year 1920, when the rate was 54 per 1,000 births. The Infant Death Rate for successive years since 1910 are indicated in Table II. It is to be hoped that the reduced rate will be maintained. The advent of a District Nurse should assist in bringing about this happy result.

TABLE II.

Showing the Birth Rate, Death Rate and Infant Death Rate for Hanwell. for the years 1910-1922.

<i>Year.</i>	<i>Birth-rate.</i>	<i>Death-rate.</i>	<i>Infant Death-rate.</i>
1910	... 23.0	8.1	65
1911	... 27.0	13.5	140
1912	... 27.7	9.5	68
1913	... 22.9	9.2	87
1914	... 22.0	10.9	108
1915	... 20.4	11.9	90
1916	... 18.9	10.1	82
1917	... 17.9	10.0	127
1918	... 14.8	14.3	102
1919	... 15.5	9.4	70
1920	... 24.2	8.2	54
1921	... 21.4	10.3	83
1922	... 17.3	11.2	83
1923	... 15.6	9.2	61

The causes of deaths of infants are indicated in Table III., which shows that out of the total 20 deaths, 7 were from premature birth and one from congenital defects.

TABLE III.
Causes of Infant Deaths, 1921 to 1923.

	1921	1922	1923
Diarrhoeal Diseases	7	—	2
Premature Birth	8	9	7
Congenital Defects	6	6	1
Want of Breast Milk (Starvation)	—	—	—
Atrophy, Debility and Marasmus	2	4	—
Tuberculous Disease	1	—	—
Syphilis	—	—	—
Rickets	—	—	—
Meningitis (not Tuberculosis)	1	1	—
Convulsions	—	—	—
Bronchitis	2	5	1
Pneumonia (all forms)	4	2	2
Gastritis	1	1	—
Common Infectious Diseases	—	—	3
Other Causes	4	3	4
Totals	36	31	20

The Death Rate from Diphtheria owing to the prevalence of this disease in a virulent form towards the end of the year was very high compared with the Death Rate for England and Wales and London. The Death Rates, however, from Scarlet Fever, Measles, and Whooping Cough were low in comparison.

PREVALENCE OF, AND CONTROL OVER, ACUTE INFECTIOUS DISEASE.

In Table IV. are indicated the numbers of the various infectious diseases notified. It will be seen that there were 85 cases of Diphtheria, the same number as in the previous year, and 146 cases of Scarlet Fever, a decrease on the previous year.

TABLE IV.

Disease				1921	1922	1923
Diphtheria	...	...	...	36	85	85
Scarlet Fever	...	...	...	298	187	146
Enteric Fever (including Paratyphoid)	...	...	...	—	—	—
Peurperal Fever	...	...	...	2	—	1
Pneumonia—						
Primary	...	...	...	—	3	6
Influenzal	...	...	...	1	18	2
Acute Poliomyelitis	...	...	...	—	—	—
Cerebro-Spinal Fever	...	...	...	—	1	—
Malaria	...	...	...	—	—	—
Dysentery	...	...	...	—	—	—
Erysipelas	...	...	...	2	7	6
Encephalitis Lethargica	...	...	...	—	1	1
Tuberculosis—						
(a) Pulmonary	...	...	...	23	12	16
(b) Non-Pulmonary	...	...	...	20	8	4
Ophthalmia Neonatorum	...	...	...	3	4	2
Totals	...	...	...	385	326	269

Table V. shows the occurrence of cases in months throughout the year. Both diseases were most prevalent towards the end of the year.

TABLE V.

	Scarlet Fever	Diphtheria
January	16	4
February	6	5
March	8	5
April	10	9
May	7	2
June	7	4
July	15	2
August	2	1
September	7	4
October	25	7
November	23	31
December	20	11
Total	146	85

The number of cases notified in the various age-groups are indicated in Table VI. By far the largest number occurred between the ages of 5 and 10 years.

SCARLET FEVER.—As seen in Table V. Scarlet Fever was more or less prevalent throughout the year. There were as many as 15 cases in the month of July, with small numbers in August and September and then an increase in October, November and December. With so many occurring in school children in July one could expect a recrudescence on the reopening of the schools after the summer vacation in August. In September and October most of the cases were associated with St. Mark's School, but though examinations of the school children were made, no "carriers" could be discovered. From the beginning of October and onwards the supervision of all suspicious absentees was carried out in a routine manner. In this way mild cases were discovered early, and the outbreak was kept somewhat in check. Fortunately the disease was of a mild character: there were no deaths.

DIPHtheria.—An account of the prevalence of Diphtheria during the year was submitted as a Special Report to the Council on the 11th of December. This may very suitably be quoted here in full.

"Report on Prevalence of Diphtheria."

"From the beginning of the year until the 8th of December there have been 75 cases of Diphtheria. The cases occurred in months as follows:—

Jan. 4	Feb. 5	Mar. 5	April 9	May 2	June 4
July 2	Aug. 1	Sept. 4	Oct. 7	Nov. to Dec. 31	8

"It will be seen that in July and August only three cases occurred, in September 4 cases occurred, in October 7, and in November 31 cases.

"During September, October, November and December (to the end of the first week) the cases of Diphtheria were notified in weeks as follows:—

<i>September.</i>	Week ending	8th	...	2
	"	15th	...	2
	"	22nd	...	—
	"	29th	...	—
<i>October.</i>	"	6th	...	—
	"	13th	...	1
	"	20th	...	3
	"	27th	...	1
<i>November</i>	"	3rd	...	3
	"	10th	...	5
	"	17th	...	13
	"	24th	...	10
<i>December.</i>	"	1st	...	2
	"	8th	...	2

A table showing all the cases notified since the beginning of October is appended. It is seen that the first case notified in October, on the 8th, was a young woman 17 years of age employed outside Hanwell. Then there were two cases notified on the 16th October and one on the 18th, the ages of these being respectively 9, 8, and 2 years, making three for the week. In the following week one case, a girl 9 years of age was notified. In the week ending the 3rd November three cases were notified, one being from a house in which a previous case had occurred. Although four of the cases so far notified attended St. Ann's School, three in the Boys' Department (two only being in the same class) and one in the Girls, the relationship appeared to be a home relationship for four of the cases up to this time came from the crowded area, Wilmot Place.

Attention was therefore particularly devoted to Wilmot Place, visits being made each morning by the Sanitary Inspector or the Health Visitor, sometimes both, to discover any cases of sore throat and to take swabs from them if no doctor was in attendance. The presence of ordinary sore throat among children and adults rendered the task of detecting suspicious cases of Diphtheria very difficult and required the supervision to be close and persistent.

" The five cases for the week ending 10th November gave little further assistance in elucidating the cause of the prevalence. Two occurred in Wilmot Place, al-

though one was in a house where there was a previous case. There was again a suspicion of school association (St. Ann's Boys') between two cases, A.L. and H.P., but they were in different classes, their ages being 10 years and 8 years respectively.

" On the 7th November it was decided to swab all the immediate contacts in the houses where cases of Diphtheria occurred, and this has been done by the Public Health Staff up to the present time.

" On the 10th November the immediate contacts of the cases H.P. and P.B. were swabbed, 28 in relation to the former (he resided in a Home) and five in relation to the latter. The first group gave three positive swabs and the second two positive.

" On enquiries being made it was found that one of the positive cases at the Home, H.B., had been attended by a doctor on the 5th November for what was reported to be a sceptic throat. He last was at school on the 2nd November, but his two 'positive' companions attended until the 8th November. One of the two positive cases, G.B., in the second group, in the private house, was reported to have been seen by a doctor on the 30th October for tonsilitis. This boy did not attend school after that date, but the other positive case from the same house attended until the 9th November.

" It is possible three of those positive children may have been the means of causing some of the cases in this school.

" Although 13 cases were notified during the week ending the 17th November, five were the positive contacts already mentioned, and two cases occurred in each of the three houses, meaning that with the 13 cases, five houses only were freshly infected.

" As other cases further implicated St. Ann's School, as will be seen in the Table, three were in the Girls' Department, attention was now particularly directed to this school. When interviewed by me on the 15th November, all three head-teachers offered every assis-

tance. In the Girls' and Infants' Departments I inspected all the children in the school who had suffered from sore throat, or who were at the time suffering or had members of their family at home so suffering, and in the Boys' Department I examined similarly those in the two classes in which cases of diphtheria had occurred. As about 60 per cent. of the children had suffered or were suffering from 'cold' or sore throat it was impracticable to swab all of them. Six swabs were taken from suspicious cases, but all proved negative.

" Complete lists of the absentees were supplied by the head-teachers, and all (not simply selected children) were visited at their homes by the Sanitary Inspector or the Health Visitor, suspicious cases found by them being visited by me. The absentees have been regularly dealt with up to the present time. Both the Sanitary Inspector and the Health Visitor have done excellent work in this connection and have certainly been the means of discovering cases earlier than they would have been recognised by the parents, who appear to fail to appreciate the importance of calling in a doctor at the earliest possible moment.

" To impress upon the parents the need for early recognition and treatment of the disease, leaflets were issued to the parents by means of the children attending not only St. Ann's School, but St. Mark's School, in connection with which cases of Scarlet Fever have been occurring.

" The Assistant County Medical Officer, Dr. Nash, met me at St. Ann's School on the 31st November, and expressed the view that nothing more remained to be done in the school. In the class chiefly affected he took three swabs from boys suffering from sore throat. All three proved negative.

" In the week ending the 24th November 10 cases were notified. Two occurred in each of two houses, and one in a house where previously there had been three cases. Again school relationship was evident.

" After this a sudden drop in the number of cases was experienced, for in each of the two weeks ending the 1st and 8th December only two cases were notified.

" There is no doubt the discovery of the ' carriers ' and the close and constant supervision of the contacts in Wilmot Place in the first instance, and the regular supervision of the absentees from St. Ann's School latterly were factors making for the prevention of the spread of the disease. This supervision was rendered difficult on account of the prevalence of ' colds ' and sore throats in the district.

" The prevalence of ' colds ' may have rendered the children more prone to Diphtheria and more susceptible to its virulence.

" Unfortunately six deaths occurred from the beginning of October to the date of this report. This gives a mortality of 18 per cent. for the period.

" All the cases except four were removed to hospital. One of these four died before removal could be effected.

" From the 1st October to the 8th December the swabs taken for diagnosis in the district numbered 143, sixty being taken by general practitioners and 83 by members of the Public Health Staff.

" (Signed) THOMAS ORR,

" Medical Officer.

" December 11th, 1923."

The necessity of early treatment by anti-toxin cannot be too often insisted upon. Parents must recognise that what appears to be a simple sore throat may be Diphtheria, that every hour's delay in the patient's receiving the specific anti-serum militates against recovery, and that a doctor should be called in as early as possible. Doctors on the other hand must perform their part, and, especially where cases of Diphtheria are occurring in the district, treat all cases of sore throat with suspicion and give the patient the benefit of any doubt in the diagnosis. Every facility is offered by the

Council for bacteriological diagnosis, which is offered free, cases, even suspected cases, are admitted to hospital at any time during the day or night and anti-toxin serum is provided free of charge for administration by medical men to necessitous cases, the term necessitous being interpreted very broadly. The immediate aim is not so much to prevent the spread of the disease as to save the lives of the patients.

OPHTHALMIA NEONATORUM.—Two cases of Ophthalmia Neonatorum were notified during the year. The cases occurred in the practice of medical men. One was treated at home, the other in hospital. Both recovered with the vision unimpaired.

SUMMARY OF NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

PROFESSIONAL NURSING IN THE HOME.—(a) *General*—Owing to the strong representations made in the Annual Report for 1922, supported later by a suggestion from the Ministry of Health, a public meeting was called under the auspices of the District Council, and resulted in the formation of a District Nursing Association, followed by the appointment of a District Nurse. The advent of a trained nurse should meet one of the most striking needs of the district, not only in the nursing generally of the necessitous sick, but particularly in the nursing of children under 5 years of age. The nurse will also be of considerable assistance in the Child Welfare work of the district, for she will be able to impart some knowledge of the nursing and care of children to the mothers.

(b) *Infectious Diseases*—Although the Health Visitor as a matter of routine visits cases of Measles, Whooping Cough, and Poliomyelitis in children under 5 years of age, and of Ophthalmia Neonatorum, she is as a rule unable to carry out any nursing duties. The District Nurse will now undertake the nursing of these cases as part of her duties, the cases being referred to her by the Public Health Staff as well as by general practitioners. For these services the Council will make a contribution of £50 towards the funds of the Nursing Association.

MIDWIVES.—There are two midwives practising in Hanwell; both have certificates of training. Although the midwives come within the supervision of the County Council, they work in co-operation with the staff of the Public Health Department. The Council do not provide maternity aid, but out of a voluntary fund the payment of the midwife's fee is made in necessitous cases.

CLINICS AND TREATMENT CENTRES.—The Hanwell Memorial Hospital provides not only indoor, but in some instances outdoor treatment for the sick poor. The recent extensions which included a children's ward have enabled it more adequately to meet the needs of the district. The County Council, who are the Education Authority, maintain a School Clinic for the treatment of minor ailments in school children at Greenford Avenue.

The *Welfare Centre* provided by the Council is held in two rooms at the Public Library, which is conveniently situated in the centre of the district.

The *Day Nursery* provided by the Council at 40 Uxbridge Road, has accommodation for 25 children. Six children are taken in for the Ealing Council when accommodation is available for this number. The total number of attendances made by children during the year was 4,468, and the average attendance 18. The total amount received from the parents was £175 12s. 10d.

There is no *Clinic for Venereal Diseases* in Hanwell. The Middlesex County Council has made arrangements for the treatment of Venereal Diseases at several of the London Hospitals, the nearest for Hanwell being the West London Hospital, Hammersmith.

The *Tuberculosis Dispensary*, maintained at Green Man Lane, West Ealing, by the Middlesex County Council, provides for Hanwell and Ealing.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY, OR BY THE COUNTY COUNCIL.

(1) *Maternity.*—The Chiswick and Ealing Maternity Hospital situated at South Ealing, provides accommodation for cases from Hanwell at a cost to the Council of 3½ guineas per week. During the year 18 cases were admitted from Hanwell.

(2) *Children*.—The Children's Ward of three beds at the Cottage Hospital has during the year proved of considerable value in the treatment of not only children acutely ill, but those suffering from malnutrition and wasting diseases. Many of the children treated have been referred from the Welfare Centre.

(3) *Infectious Disease*.—The Chiswick and Ealing Hospital provide accommodation up to 20 beds for cases of Scarlet Fever and Diphtheria occurring in Hanwell. During the year under consideration, which is the second year of the operation of the arrangements, no fewer than 83 cases of Scarlet Fever and 74 of Diphtheria were treated in the hospital.

(4) *Smallpox*.—Accommodation for cases of Smallpox is provided at the Smallpox Hospital, South Mimms, which is maintained by the Middlesex Districts Joint Smallpox Hospital Committee, of which the Hanwell Urban District Council is a contributing authority.

Ambulance Facilities (a).—The Chiswick and Ealing Hospitals Committee remove to their hospital in their own ambulances cases of infectious disease from Hanwell.

(b).—For non-infectious cases the ambulances belonging to the Ealing Town Council are available, the Hanwell Council being responsible for the charges for the removal of cases in their area.

MATERNITY AND CHILD WELFARE.

No change has taken place in the Maternity and Child Welfare scheme except in small administrative details. A commencement has been made in giving to the mothers assembled at the Welfare Centre short health lectures or talks and demonstrations of cutting out, sewing and knitting of useful garments. In this work and in the ordinary work of the Welfare Centre the Health Visitor receives valuable assistance from the Voluntary Committee of ladies composed of the lady members of the Maternity and Child Welfare Committee and others.

The arrangement of the two rooms at the Library which are used as the Child Welfare Centre is not particularly suitable, although the best is made of them. They can be utilised for child consultations but not for ante-natal work, which has to be conducted, with the kind permission of the Ealing Council, at the Ealing Ante-Natal Clinic.

One looks hopefully forward to the day when Hanwell will be amalgamated with Ealing, a project which has reached a further stage than being simply mooted, and when it may be possible to provide suitable premises and to bring into existence a Maternity and Child Welfare Scheme on the same scale as that of Ealing and adequate to the demands of the mothers and children.

The following is a Summary of the Work of the Health Visitor.

Visits to Children under 12 months :					
First Visits	...	...	...	...	293
Return Visits	...	...	...	...	877
Visits to Children 1 to 5 years of age	...	...	...	...	1,473
Visits to Expectant Mothers	...	...	...	...	278
Visits to Children or Mothers attending the Welfare Centre	...	...	...	...	204
Visits to investigate Infant Deaths and Still-Births	...	...	...	...	25
Special Visits or Investigations	...	...	...	...	37
Visits to Cases of Ophthalmia Neonatorum	...	...	...	...	12
Visits to Cases of Puerperal Fever	...	...	...	...	1
Visits to Cases of Measles and Whooping Cough	...	...	...	...	326
Visits to Cases of Tuberculosis	...	...	...	...	118
Visits to Cases of Scarlet Fever on discharge from the Isolation Hospital	...	...	...	...	224
Other Visits	...	...	...	...	924
Total Visits					4,792
Interviews, etc.	...	...	...	...	616

**The following is a Summary of the Work of the Welfare
Centre during the year.**

Number of Children on Register at end of year ...	661
Mothers visiting Centre for the first time	282
Children visiting Centre for the first time	286
Total Attendances made by Mothers	3,839
Total Attendances made by Children	4,343
Average Attendance of Children each afternoon :	
Tuesdays	58
Thursdays	23
Number of Consultations by Medical Officer	928
Average number of Children seen by Medical Officer each afternoon	
... ..	19
Children referred to Hanwell Memorial Hospital for Minor Ailments	
... ..	53
Children referred to Special London Hospitals	14
Mothers attending Ante-Natal Clinic	23
Number of Consultations by Consultant at Centre	49
Mothers referred to Hospital for Women's Complaints	
... ..	14
Number of Maternity Cases treated at the Chiswick and Ealing Maternity Hospital	
... ..	18
Expectant or Nursing Mothers receiving a supply of Milk free of charge	
... ..	45
Children under 5 years of age receiving a supply of Milk free of charge	
... ..	16

The number of Births notified during the year was 326, which included 9 still-births. Of this number all except 24 were visited by the Health Visitor at least once. The total visits to Infants under one year, as seen in the Summary, were 1,170, and to Children between 12 months and 5 years, 1,473.

There were admitted to the Chiswick and Ealing Maternity Hospital 18 maternity cases from Hanwell. The contributions towards treatment obtained from these cases amounted to £88 14s. 9d.

SANITARY ADMINISTRATION.

The following is a summary of the work of the Sanitary Inspector during the year and of other action taken under the Public Health Acts, Bye-Laws, etc.

GENERAL.

Number of Premises Inspected on Complaint ...	430
Number of Nuisances observed by the Inspector	179
Number of Premises Inspected in connection with Infectious Disease	687
Number of Premises Visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, etc.)	740
Number of Houses Inspected under House-to-House Survey	114
Food Inspections	225
Total Number of Re-Inspections	3,807
Total Number of Inspections and Re-Inspections	6,182
Number of Intimation Notices given	406
Number of other Letters written	148
Number of Statutory Notices served	57
Proceedings before Magistrates	<i>nil</i>

DAIRIES, COWSHEDS AND MILK SHOPS.

Number of Cowsheds on Register... ..	<i>nil</i>
Number of Inspections made of Cowsheds	<i>nil</i>
Contraventions of Regulations	<i>nil</i>
Number of Dairies and Milk Shops on Register...	24
Number of Inspections of Dairies and Milk Shops	124
Contraventions of Regulations	<i>nil</i>
Proceedings before Magistrates	<i>nil</i>

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses	2
Number of Inspections made	247
Contraventions of Regulations	<i>nil</i>
Proceedings before Magistrates	<i>nil</i>

FACTORIES AND WORKSHOPS.

Registered Workshops	...	...	...	...	53
Factories	...	...	...	...	26
Number of Inspections of Factories	...	...	...	...	11
And Workshops and Workplaces	...	...	...	...	63
				—	74
Number of Defects concerning which Notices were sent	...	...	...	...	12
Proceedings before Magistrates	...	...	...	...	<i>nil</i>

OFFENSIVE TRADES.

Fried Fish Shops (7)	...	...	...	...	70
Other Offensive Trades	...	...	...	...	<i>nil</i>
Number of Inspections	...	...	...	...	<i>nil</i>
Contraventions	...	...	...	...	<i>nil</i>

DISINFECTION.

Rooms Disinfected by Spray :					
(a) Ordinary Infectious Disease	...	...	...	...	203
(b) Tuberculosis	...	...	...	...	17
Rooms Stripped and Cleansed	...	...	...	...	45
Articles Disinfected by Steam at Disinfector :					
(a) Ordinary Infectious Disease	...	...	...	...	134
(b) Tuberculosis	...	...	...	...	114
Articles Voluntarily Destroyed	...	...	...	...	22

PARTICULARS OF THE SANITARY DEFECTS REFERRED TO IN NOTICES SERVED AND LETTERS WRITTEN.

Water Closet repaired or supplied with water, or otherwise improved	...	...	...	...	34
Drains cleared or cleansed	...	...	...	...	40
Defects in Drains repaired	...	...	...	...	25
Drains reconstructed	...	...	...	...	27
Dust-bins provided	...	...	...	...	77
Overcrowding remedied	...	...	...	...	<i>nil</i>
Accumulations of refuse removed	...	...	...	...	7
Nuisances from fowls and other animals abated	...	...	...	...	6
Damp-proof courses inserted in walls	...	...	...	...	3
Ventilation under floors provided	...	...	...	...	2
Other forms of dampness remedied	...	...	...	...	25
Yards paved and repaired	...	...	...	...	37

Floors repaired	...	...	...	...	14
Roofs, gutters and rain-water pipes repaired	...	...	...	...	64
New soil and ventilating pipes provided	...	...	...	...	<i>nil</i>
Sinks and wash-pipes repaired or renewed	...	...	...	...	24
Draw-taps fixed to main supply	...	...	...	...	<i>nil</i>
Dirty walls and ceilings stripped and cleansed	...	...	...	...	850
Other Defects or Nuisances remedied	...	...	...	...	128

SUPERVISION OF THE PRODUCTION AND SALE OF FOOD.—*Milk*.—There are no cowkeepers in Hanwell, but there are retail purveyors of milk on the Register.

During the year four applications were received for registration as retail purveyors of milk. All the premises were reconstructed or planned in accordance with the advice of the Medical Officer of Health and registration was approved in each one.

The opportunity is taken when new applications are made for registration to advise each applicant as to the proper provision for storage of the milk and suitable means for cleansing the cans and milk vessels, a steam boiler being considered essential. Old premises are at the same time being gradually overhauled, the occupiers being requested to improve them in such a manner as will ensure the trade being carried on in a hygienic manner.

Meat and Other Foods.—The Inspector made regular inspections of all premises in which meat is sold or prepared for food. He was called in as usual by butchers and others to inspect suspected meat and other foods. The following list gives the items of foodstuffs which were found to be diseased or unsound and which were voluntarily surrendered :—

<i>Food</i>	<i>Quantity.</i>
Beef	237 lbs.
Fish	248 lbs.
Poultry	3 lbs.
Potted Meat	1 lb.

Adoptive Acts, Bye-laws and Local Regulations relating to Public Health, in force in the District, with date of adoption—

Public Health Acts (Amendment) Act, 1890.
27th October, 1902.

Infectious Diseases (Prevention) Act, 1890. 12th April, 1902.

Public Health Acts (Amendment) Act, 1907.
10th December, 1908.

Bye-Laws, with date of making, with respect to :

(1) Prevention of Nuisances arising from sewage, filth, etc., keeping of animals, and (2) Cleansing of earth closets, privies, ashpits, and cesspools, February 15th, 1887.

Common Lodging Houses, February 15th, 1887.

Slaughter Houses, February 15th, 1887.

New Streets and Buildings, September 19th, 1905.

Houses Let in Lodgings, August 18th, 1902.

Drainage of Existing Buildings, November 16th, 1909.

Bye-Laws under Section 26 (1) of the Public Health Acts (Amendment) Act, 1890, November 16th, 1909.

Tents, Vans, Sheds, etc., under the Housing of the Working Classes Act, 1885, December 19th, 1906.

Regulations :

Regulations under the Dairies, Cowsheds and Milk-shops Order of 1885, January 1st, 1905.

LABORATORY WORK.

The following specimens were submitted during the year for examination at the Ealing Public Health Laboratory :—

	<i>Positive</i>	<i>Negative</i>	<i>Total</i>
Diphtheria ...	14	294	308
Tuberculosis	5	23	28
Enteric Fever	—	1	1
	19	318	337

Thus a complete total of 337 specimens were submitted for bacteriological examination during the year.

HOUSING.

Number of New Houses erected during the year :

(a) Total	...	...	...	...	...	73
(b) As part of a Municipal Housing Scheme						48

(1) Unfit Dwelling Houses.

Inspection.

(1) Total number of dwelling houses Inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	609
(2) Number of dwelling houses which were Inspected and recorded under the Housing (Inspection of District) Regulations, 1910					114
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...			nil
(4) Number of dwelling houses (exclusive of those referred to under the preceding subheading) in which defects were found, not to be in all respects reasonably fit for human habitation	...	...	...	...	459

(2) Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	396
---	-----	-----	-----

(3) Action under Statutory Powers.

(a) *Proceedings under Sec. 28 of the Housing, Town Planning, etc., Act, 1909—*

(1) Number of dwelling houses in respect of which notices were served requiring repairs	nil
---	-----

- (2) Number of dwelling houses which were rendered fit :
- | | |
|--|------------|
| (a) By Owners | <i>nil</i> |
| (b) By Local Authority in default of Owners | <i>nil</i> |
- (3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declaration by Owners of intention to close *nil*
- (b) *Proceedings under Public Health Acts—*
- (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 459
- (2) Number of dwelling houses in which defects were remedied :
- | | |
|--|------------|
| (a) By Owners or Occupiers | 453 |
| (b) By Local Authority in default of Owners | <i>nil</i> |
- (c) *Proceedings under Sec. 17 and 18 of the Housing, Town Planning, etc., Act, 1909—*
- | | |
|--|--------|
| (1) Number of representations made with a view to the making of Closing Orders | } None |
| (2) Number of dwelling houses in respect of which Closing Orders were made | |
| (3) Number of dwelling houses in respect of which Closing Orders were determined the dwelling houses having been rendered fit | |
| (4) Number of dwelling houses in respect of which Demolition Orders were made | |
| (5) Number of dwelling houses demolished in pursuance of Demolition Orders | |

TABLE VII.
Ages at Death from Notifiable Infectious Diseases.

Disease	Under One Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards	Totals.
Diphtheria	—	1	1	2	—	7	3	1	—	—	—	—	15
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	1	—	—	—	1
Puerperal Fever	—	—	—	—	—	—	2	2	1	3	2	2	14
Pneumonia—Primary	1	1	—	—	—	—	—	—	1	—	1	—	1
Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1	1
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—:	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Pulmonary	—	—	—	—	—	—	—	—	2	1	1	—	4
Male	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	—	—	—	3	1	1	1	5
(b) Non-Pulmonary	—	—	—	—	1	—	1	—	—	1	—	—	4
Male	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	—	1	—	1	—	—	—	2
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1	2	1	2	1	7	7	3	8	5	6	4	47

TABLE VIII.
Causes of Death, 1923.

Cause of Death	Male	Female	Total
Enteric Fever	—	—	—
Smallpox	—	—	—
Measles	—	1	1
Scarlet Fever	—	—	—
Whooping Cough	—	1	1
Diphtheria	10	5	15
Influenza	2	2	4
Encephalitis Lethargica	—	—	—
Meningococcal Meningitis	—	—	—
Tuberculosis of Respiratory System	5	6	11
Other Tuberculous Diseases	2	2	4
Cancer, Malignant Disease	9	15	24
Rheumatic Fever	1	1	2
Diabetes	—	5	5
Cerebral Haemorrhage, etc.	5	10	15
Heart Disease	4	19	23
Arterio-Sclerosis	2	—	2
Bronchitis	7	7	14
Pneumonia (all forms)	9	6	15
Other Respiratory Diseases	1	—	1
Ulcer of Stomach or Duodenum	1	—	1
Diarrhoea, etc. (under 2 years)	4	—	4
Appendicitis and Typhlitis	—	—	—
Cirrhosis of Liver	—	—	—
Acute and Chronic Nephritis	—	2	2
Puerperal Sepsis	—	1	1
Other Accidents and Diseases of Pregnancy and Parturition	—	4	4
Congenital Debility and Malform- ation, Premature Birth	3	3	6
Suicide	1	1	2
Other Deaths from Violence	1	—	1
Other Defined Diseases	19	15	34
Causes ill-defined or unknown	—	—	—
Total	86	106	192

